



FULL-TIME TEMPORARY NON-BENEFITTED EMPLOYMENT OPPORTUNITY

REVISED

POLICE PROPERTY TECHNICIAN

(Police Department)

OPENING DATE: September 23, 2005

HOURLY RATE: \$15.38

CLOSING DATE: Subject to closing when the needs of the City are met.

HOURS: Monday – Friday 7:00 a.m. – 4:00 p.m. with some flexibility

MINIMUM

QUALIFICATIONS: Some inventory control and/or warehouse experience preferred. Equivalent to the completion of the twelfth grade.

ADDITIONAL

REQUIREMENTS: Referred applicants will receive a polygraph and background investigation. Candidates given a conditional offer will receive a post-offer / pre-employment physical and drug screen and upon hire will be subject to random drug testing in accordance with Police Department policy. Possession of, or ability to obtain, an appropriate, valid Arizona driver's license. Possession of, or ability to obtain, an appropriate, valid Arizona forklift operator's certificate.

REPRESENTATIVE DUTIES:

- Receive items of evidence collected by police officers from locked lockers at the various police facilities, including lockers located in freezers and refrigerators; load and transport evidence to the police property facility; inventory and log all items; bar code and store all evidence in an orderly manner for quick retrieval; enter all items in a computerized bar code system.
- Secure all evidence to maintain the proper chain of evidence for court presentation; release evidence for court purposes and laboratory analysis.
- Receive, store and log money, narcotics, firearms and other items of a sensitive nature in an appropriate manner to ensure their security.
- Testify in court regarding the integrity of property storage, preservation and transportation.
- Receive, inventory and secure abandoned or found property; compare articles from serial numbers and descriptive features; attempt to locate owners of property and return property to owner as directed through registered letter, phone or postcard; check items for stolen property.
- Perform filing and other clerical work necessary to maintain the property room.
- Research all abandoned, found or unclaimed property for possible owners; list serial numbers, etc. for publication; remove items from existing location and store in separate location with corresponding paperwork until time for auction.
- Answer citizen inquiries and complaints over the telephone and in person regarding property dispositions.

APPLY AT: City of Tempe, Human Resources Office
20 E. 6th St., Tempe, AZ <http://www.tempe.gov>
CITY OF TEMPE APPLICATION REQUIRED.

CONTACT NAME AND PHONE #:

Kerby Rapp at (480) 350-8660

**City of Tempe Police Department
Automatic and Discretionary Disqualifier Questionnaire**

NOTE: FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL MAY DISQUALIFY YOUR APPLICATION

AUTOMATIC DISQUALIFIERS

The City of Tempe Police Department will automatically disqualify any individual who can answer "Yes" to any of the following questions. ***Please read and answer the following automatic disqualifiers:***

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony or any offense that would be a felony if committed in Arizona? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever sold, produced, cultivated, or transported marijuana, narcotics or dangerous drugs? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you lied during any stage of the hiring process? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you falsified your questionnaire or application? |

If you answered "YES" to any of these questions please withdraw your application from consideration.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the Tempe Police Department, make you ineligible to become an employee of the City of Tempe Police Department. ***Please read and answer the following discretionary disqualifiers:***

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever abused prescription medication and/or FDA approved over-the-counter preparations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any type of illegal drugs or narcotics before the age of 18 years?
<i>Examples of a dangerous drug or narcotic drug would be, but is not limited to: cocaine, crack, etc.; Methamphetamine (Crystal Meth or speed of any kind); Anabolic Steroids (after 1994), except prescription only or FDA approved over-the-counter preparations.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any type of illegal drugs or narcotics after the age of 18 years? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you engaged in unlawful sexual misconduct? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had excessive traffic violations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been involved in the commission of a felony? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you received a discharge from the United States armed forces that was other than an honorable? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you demonstrated an unwillingness to honor fiscal contracts or just debts? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Had your Arizona Driver's license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver's license or received a suspended driver's license from another state as a result of similar circumstances? |

If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances, or details as part of a thorough background investigation and polygraph phase of the selection process.

I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the City of Tempe's Police Department positions.

Applicant's signature

Date

ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES – Please Complete All Sections

Type of Drug	Have you ever tried?	How many times after age 18?	Date first used:	Date last used:	Have you ever sold, smuggled or transported for sale or personal gain?
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamine / Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
LSD / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other illegal drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Illegal use of prescription medications	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “Yes” on any of the areas listed above, please provide a full explanation on a separate sheet of paper. Include, if applicable, the following information:

- | | |
|--|---|
| a) How the drug was ingested or consumed | b) The duration of usage |
| c) The motivation for using the drug | d) How the drug was obtained |
| e) Why you stopped using the drug | f) Any other factors you believe are relevant |

I hereby certify that this supplemental questionnaire was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligibility list, and/or discharge from City service. I understand that this information is subject to verification by any federal, state, and local agencies.

Applicant's Name (Print)

Applicant's Signature

Date



City of Tempe / Application for Employment

City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / <http://www.tempe.gov>

The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.

The City of Tempe Promotes a Drug and Alcohol Free Workplace.

DIRECTIONS:

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

1. Position Applying For: _____ Recruitment Code (RC#): _____
2. Name (Last, First, Middle Initial): _____
3. Social Security Number: _____
4. Mailing Address: _____
Street Address City State Zip
5. Phone Number: HOME: _____ WORK: _____
6. Driver's License (Number, State, Class): _____
7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No
8. Have you ever worked for the City of Tempe? Yes No If Yes, from _____ (Mo/Yr) to _____ (Mo/Yr)
If you are a current City of Tempe employee, are you: Temporary? Regular?
Have you completed your initial six (6) month probationary period? Yes No
9. To assist us with verifying previous work experience and /or education, please list other names you have gone by:

10. Type of position you will accept: Full Time Part Time Regular Temporary
11. Are you claiming Civil Service Preference for Veteran's under ARS 38-492:
 - As a qualified or disabled veteran? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
 - As a spouse of an eligible veteran pursuant to ARS 38-492(D)? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
12. Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? Yes No If Yes, indicate his/her **Name, Position, and Relationship to you:**

DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE

Q ☐ NQ ☐ A ☐ B ☐ C ☐ Application Entered ☐

HR Review ☐

Date

Department Review ☐

Date

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.

13. Do you have a High School Diploma or a G.E.D.? Yes No

14. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes No	
			Yes No	
			Yes No	
			Yes No	

15. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes No	
			Yes No	

16a. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to this position:***

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

16b. Special training ***that relates to this position:***

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17. List computer software program(s) with which you are proficient in operating ***that relate to this position:***

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18. List equipment with which you are proficient in operating ***that relate to this position:***

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19. Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No

20. **May we contact your current employer if you are considered for hire/promotion?** Yes No

You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated ***solely*** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Present/Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

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Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

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Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Present/Ending Wage: \$ Per		
Work Performed:			
Reason for Leaving:			

Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$ Per		
Work Performed:			
Reason for Leaving:			

Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$ Per		
Work Performed:			
Reason for Leaving:			

Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$		Per
Work Performed:			
Reason for Leaving:			

21. Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?

Yes No If Yes, please explain:

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22. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.

Yes No If Yes, provide charges, dates and locations:

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Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL .

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

By checking this box and typing your name below, you certify that you have read and understand the above paragraph.

Print Applicant's Name: _____ Date_____

Applicant Signature_____ Date_____

The City of Tempe does not accept faxed copies of applications.